

### VERIFICATION OF 501(C) (3) STATUS

We, the undersigned entity, hereby testify that the undersigned entity's 501(C) (3) status on file with the North Carolina Department of Health and Human Services is still in effect.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Chairman, Executive Director, or other Authorized Official

Sworn to and subscribed before me,

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_